

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/684784  
APPLICANT(S)

FILING DATE  
10/10/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52							
3							53							
4							54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		5												
TOTAL DEP.		6												
TOTAL CLAIMS	11													